

SIGN PERMIT APPLICATION



Planning Department
101 Shape Ave or PO Box 987
Union SC 29379
Phone: 864.429.1720
FAX: 864.429.1686

Name of Business: _____

Applicant (Name): _____

Mailing Address: _____

Property Address: _____

Property Owner [if different]: _____

Tax Parcel ID: _____ Zoning District: _____ Cost of Job: _____

Building Façade Dimensions: Front _____ Left _____ Right _____ Rear _____

Flush-mounted Sign Dimensions: Length: _____ Width: _____ Area: _____

Freestanding Sign Dimensions: Length: _____ Width: _____ Area: _____

Temporary Sign Dimensions: Length: _____ Width: _____ Area: _____

Certifications: The applicant certifies information on this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void. Applicant also attests that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested.

Applicant also agrees to the conditions in the City of Union Zoning Code.

Signature of Applicant: _____ Date Submitted: _____

FOR OFFICE USE ONLY

If incomplete, returned: _____

Date Filed: _____ [] Fee Paid/Receipt#: _____

Proposed Use is: [] Permitted [] Special Exception [] Prohibited [] Same Use [] Change of Use

Sign Permit is: [] Approved [] Denied [] Temporary

[] Forms/Docs Attached: _____

Comments: _____

Zoning Administrator/Designee: _____ Date: _____

This Sign Permit is issued in accordance with Section 114 of the City of Union Zoning Code. If a request is denied, the applicant has the right to appeal within 15 days of the determination. Appeal forms are available at the Planning Department of the City of Union, 101 Sharpe Ave, Union SC.

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